



**STATE OF ARKANSAS-AGENCY TRAVEL CARD PROGRAM**  
**Individual Account Application-BTC**  
**Visa Commercial-Business Travel Account**



Send Completed Applications to your AGENCY / INSTITUTION BUSINESS TRAVEL CARD COORDINATOR

APPLICANT INFORMATION				
Applicant Name (first, middle, last)		Email Address		
Home Address		Social Security Number		
City/State/Zip		Home Telephone Number (      )		
Employer/Agency Name		Position/Title		
Gross Annual Income	Years There	Business Telephone Number (      )		
OTHER INFORMATION				
Other Sources of Income Alimony, child support or separate Maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.				
<u>BILLING ADDRESS IF OTHER THAN LISTED ABOVE</u>				
Requested Monthly Limit*	Authorization Strategy Requested*			
\$	ARK1	ARK2	ARK3	ARK4
STATE AUTHORIZED APPROVAL _____ (For Agency/Institution Coordinator Use Only*)		AGENCY NUMBER _____		
APPLICATION AND AGREEMENT				

Applicant applies to UMB U.S.A., n.a., Falls City, Nebraska, or its successors or assigns ("Issuer") for an account as indicated above. If this application is accepted and credit card(s) issued, those signing above will be deemed to be in agreement with the terms and conditions accompanying the card(s). The Applicant in signing this form, certifies the information given herein to be true and correct and agrees to pay all charges on such account when due. The Applicant authorizes the Issuer to obtain and verify from time to time, credit, employment, and other information relating to the undersigned and to answer questions about the Issuer's credit experience with Applicant. The Applicant acknowledges and agrees that such information may be used to establish, administer or collect the account requested by the undersigned for any legitimate purpose relating to the account. The Applicant understands that the Issuer will retain the application whether or not it is approved. Because this account is offered in conjunction with the State of Arkansas Agency Travel Card Program, certain information about you and your use of the account will be supplied to your employer and/or the State of Arkansas. By signing below, you consent to Issuer sharing information you provide on your application and information about your account with your employer and /or the State of Arkansas.

**Applicant agrees that unless they write to UMB U.S.A., n.a. at P.O. Box 13262, Kansas City, Missouri 64199, and request that information not be shared UMB U.S.A., n.a. and its affiliates may share information about the Applicant or the account for administrative purposes.**

I have read the entire application, agree to its terms, and certify the information is correct.

X

APPLICANT'S SIGNATURE

DATE



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**DISCLOSURE INFORMATION**

**ANNUAL PERCENTAGE RATE FOR PURCHASES**

Variable; 8.0% + Prime, which currently equals **12.75%**.

**VARIABLE RATE INFORMATION**

Your Annual Percentage Rate ("APR") may vary monthly. It is determined by adding a "Margin" to the highest "Prime Rate" reported in the "Money Rates" section of *The Wall Street Journal* on the 15<sup>th</sup> day of each January, March, May, July, September, and November.

**GRACE PERIOD FOR REPAYMENT OF BALANCES FOR PURCHASES**

You have not less than 45 days to repay the entire balance before a Finance Charge will be imposed, if full payment of both the prior balance and the current balance shown on your Current and Previous Monthly Statements are received within 45 days after the Statement Closing Dates for such statements. The entire balance due shown on each Monthly Statement must be paid in full each month.

**METHOD FOR COMPUTING THE BALANCE FOR PURCHASES**

Two-cycle average daily balance (including new purchases).

**ANNUAL FEE**

There is no annual fee for this account.

**MINIMUM FINANCE CHARGE**

Fifty cents (\$.50) for any Billing Period in which a Finance Charge is due.

**OTHER FEES**

Late Fee: None  
Cash Advance Fee: 3% (\$3 minimum, \$20 maximum)

**IMPORTANT:** The information about the costs of the cards described above is accurate as of November 1<sup>st</sup>, 2002, the date this document was published and made available as a downloadable file. This information may have changed after that date. To find out what may have changed, write to us at UMB U.S.A., n.a., Post Office Box 13262, Kansas City, Missouri 64199-3262 or email us at our website at [www.umb.com](http://www.umb.com).